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Paper No. 4

MALIN HALEY AND DIMAGGIO, PA  
1936 S. ANDREWS AVENUE  
FORT LAUDERDALE, FL 33316

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NOV 05 2002

**OFFICE OF PETITIONS**

**NOTICE**

In re Application of  
Fink Ronald et al  
Application No. 10/065,131  
Filed: September 19, 2002  
Attorney Docket No. 65564816

The notice mailed October 25, 2002 is hereby vacated as of the mail date of this notice. The Office Finance records show that the entity status for the above application is small. The Office sincerely apologizes for any inconvenience caused in this matter.

Telephone inquiries concerning this communication should be directed to Irvin Dingle at (703) 306-5684.

Irvin Dingle  
Petitions Examiner  
Office of Petitions  
Office of the Deputy Commissioner  
for Patent Examination Policy

**UNITED STATES PATENT & TRADEMARK OFFICE**  
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND											
1 Date of Request: <u>11/1/02</u>		2 Serial/Patent # <u>10/065,131</u>									
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED	6 AMOUNT							
<input checked="" type="checkbox"/>	Filing			\$ 370.							
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<input checked="" type="checkbox"/>	Other <u>203</u>			\$ 99							
<del>MATIN HALEY AND DIMAGGIO, PA</del> <del>1936 S. ANDERSON AVENUE</del> <del>FT. LAUDERDALE, FL 33716</del>		7 TOTAL AMOUNT OF REFUND		\$ 469.							
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<input type="checkbox"/>	Overpayment	<input checked="" type="checkbox"/>	Credit Deposit A/C #:								
<input type="checkbox"/>	Duplicate Payment	9 <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; text-align: center;">1</td> <td style="width: 20px; text-align: center;">3</td> <td style="width: 20px; text-align: center;">--</td> <td style="width: 20px; text-align: center;">1</td> <td style="width: 20px; text-align: center;">1</td> <td style="width: 20px; text-align: center;">3</td> <td style="width: 20px; text-align: center;">0</td> </tr> </table>			1	3	--	1	1	3	0
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<input type="checkbox"/>	No Fee Due (Explanation):										
<p><i>The Fees were inadvertently charged to large.</i></p> <p><i>The correct entity status is small.</i></p>											
11 REFUND REQUESTED BY:											
TYPED/PRINTED NAME: <u>LEVIN DINGLE</u>		TITLE: <u>PARALEGAL</u>									
SIGNATURE: <u>[Signature]</u>		PHONE: <u>306-5684</u>									
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Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

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